



COUNTY of SUSSEX

TRADESMAN APPLICATION

(Electrical___ Plumbing___ Mechanical___)

(Residential___ Commercial___)

Date: _____

Building Permit Number: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

State License Number: _____ Specialty: _____ Class: _____ Expiration Date: _____

Telephone Number _____ (Work) _____ (Cell) _____

Email Address: _____

Property Owner: _____

Property Location: _____

Tax District: _____ Tax Map ID No: _____

Description of Work to Be Done: _____

Signature (*) _____ DATE _____

CONTRACT/JOB AMOUNT \$ _____

